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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	NECI1100
First Named Inventor	Harold S. Stone
COMPLETE IF KNOWN	
Application Number	/
Filing Date	Herewith
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR BLIND CROSS-SPECTRAL IMAGE REGISTRATION

(Title of the invention)

the specification of which

☒ Is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Harold S.				Family Name or Surname Stone			
Inventor's Signature <i>Harold S. Stone</i>						Date 3/29/2001	
Residence: City Princeton		State NJ		Country USA		Citizenship USA	
Mailing Address 516 Mt. Lucas Road							
City Princeton		State NJ		ZIP 08540		Country USA	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Robert				Family Name or Surname Wolpov			
Inventor's Signature						Date	
Residence: City Big Bear City		State CA		Country USA		Citizenship USA	
Mailing Address 1052 Eagle Mountain Drive							
City Big Bear City		State CA		ZIP 92314		Country USA	
<input type="checkbox"/> Additional Inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle (if any))

Harold S.

Family Name  
or Surname

Stone

Inventor's  
Signature

Date

Residence: City

Princeton

State NJ

Country USA

Citizenship USA

Mailing Address

516 Mt. Lucas Road

City

Princeton

State NJ

ZIP 08540

Country USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) Robert

Family Name  
or Surname

Wolpov

Inventor's  
Signature*Robert Wolpov*

Date March 28, 2001

Residence: City

Big Bear City

State CA

Country USA

Citizenship USA

Mailing Address

1052 Eagle Mountain Drive

City

Big Bear City

State CA

ZIP 92314

Country USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 2)

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Harold S. Stone
Title	Method for Blind Cross-Spectral (etc.)
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	NECI1100

I hereby appoint:

☒ Practitioners at Customer Number

23389

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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Harold S. Stone

Signature

Harold S. Stone

Date

3/29/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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PTO/SB/01 (02-01)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Harold S. Stone
Title	Method for Blind Cross-Spectral (etc.)
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	NEC11100

I hereby appoint:

☒ Practitioners at Customer Number

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Robert Wolpov

Signature

*Robert Wolpov*

Date

March 28, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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